PS-Form No. 019 SOP ref. no. 5028 Prepared by: T. Gannon-Miller Date prepared: 28 May 2003 Supersedes: New Approved by: Effective date: 4 Jun 2003 Page 1 of 1

## **BOMB THREAT CHECKLIST**

Bomb Location		<u> </u>	
1.	When will it go off? Hour Time Remaining	Fair	Good Poor Other
2.	Where is it located? Building area	<u>Accent</u>	
		Local	
3.	What floor is it on?	Regional	
4.	What kind of bomb is it?	Foreign	
5.	What does it look like?	Race	
		Other	
Caller's Identity		<u>Manner</u>	
2.	Male Female Adult Juvenile Approximate age	Calm Laughing	Irrational Emotional Angry Incoherent
Voice Characteristics		Background Noises	
Deep Pleas	Soft Sant High pitchedsant Intoxicated ch	Street traffic Airplanes AnimalsPart	esMusic Quiet Voices ty atmosphere Other
Fast_ Nasa	Slow Distorted I Stuffed Other	Stuttered	_